

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/647784

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	①		/			
6	①		/			
7	②		/			
8	③		/			
9	④		/			
10	⑤		/			
11	⑥		/			
12	⑦		/			
13	/		/			
14	1		/			
15	2		/			
16	2		/			
17	2		/			
18	①		/			
19	/		/			
20	1		/			
21	2		/			
22	2		/			
23	2		/			
24	①		/			
25	②		/			
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TOTAL IND.	3		3			
TOTAL DEP.	35	↔	27	↔		↔
TOTAL CLAIMS	38		30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS